	941 65		NORIVID BHT	OF HEALTH OF	MISSOURI	,,	NA 00 0 F
. No.300	FILED AUG	3 - 1956	STANDARD C	ERTIFICATE O	F DEATH	State File No.	24365
10.48	BIRTH NO.		REG. DIST. NO.	87 PRIMARY REG	. dist. но. <u>:384</u>	🛕 Registrar's No	
J.	1. PLACE OF DEA	тн	-	2. USUAL	RESIDENCE (Where		titution: residence before
٦	a. COUNTY	vingsto	n	a. STATE	Missuryi	B. COUNTY L	117570m
	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF OR township) STAY (in this place) TOWN				c. CITY OR TOWN OR TOW TOWN OR		
RECORD	d. FULL NAME OF A HOSPITAL OR INSTITUTION	- , n/	uttution, give street address of	ADDRESS	(If rural, give is	Missou	. 05-90
ĕ	3. NAME OF	a. (First)	b. (Middle)			ATE (Month)	(Day) (Year)
E	DECEASED (Type or Print)	Thomas	5 W.	Goodha	DE DE	OF 7 - 4	28-56
PERMANENT	5. SEX ()6.	COLOR OR RACE	7. MARRIED, NEVER MAI WIDOWED, DIVORCED	RRIED, A 8. DATE OF	BIRTH I 9. A	GE (In years if those t birthday) Months	Days Hours Min.
E E	Male	White	Never Marrie	·d /2-/	* 	<u>80l </u>	
ER.W	10a. USUAL OCCUPATIO	ng life, even if retired)	10b. KIND OF BUSINESS	DUSTRY /	(City and State of)	Foreign Country)	12. CITIZEN OF WHAT
Fa	13a. FATHER'S NAME	<u>. Y </u>	136. MOTHER'S	/-	<u>ام رہ امرا</u> 14. NAME OF	HUSBAND OR WIF	<u>USH.</u>
¥	Martin	1 Gradha	+ 1:11:an	Wright	non		_
-MAKE	15. WAS DECEASED EVE			CURITY 17. INFOR		E OR NAME	ADDRESS
ЖА	(Yee, no. or unknown) (II	yes, give war or dates o	zze/Caye	4. Dawn	Missouri.		
	18. CAUSE OF DEATH Enter only one cause per	1,	ONSET AND DEATH				
INK	line for (a), (b), and (c)	DISEASE OR CO	NG TO DEATH*(a)	orongri	y Occhu	sion_	tusteut
ΣK	*This does not mean	ANTECEDENT CAL					
BLACK	the mode of dying, such as heart failure, asthenia,		if any, giving DUE TO (b)) 			
	etc. It means the dis-	the underlying caus	DUE TO (c)	·			
NG	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not						
AD.		related to the disease	e or condition causing death.	· · · · · · · · · · · · · · · · · · ·	•		1
UNFADING	19a. DATE OF OPERA- TION	196, MAJOR FIND	INGS OF OPERATION			4201	20. AUTOPSY1
	21a. ACCIDENT	(Specify) 2	1b. PLACE OF INJURY (e.g.,	in grabout 21c. (CITY. T	OWN, OR TOWNSHIP)	(COUNTY)	(STATE)
NG	SUICIDE HOMICIDE		ome, farm, factory, street, office		,	(1
PLAINLY—USING	21d. TIME (Month)	(Day) (Year) (H	Iour) 21e. INJURY OCC		INJURY OCCURT		
<u> </u>	เหมับ์RY		WHILEAT NOT WORK AT W	WHILE O	111		
N.E.	22. I hereby ceptily		, ,	Dec 15, 1954,	// /		t saw the deceased
TY	23a. SICHATURE	1936	'	or title) 23b. ADDRES	from the causes and	on the date states	d above.
	Joseph	h 0. C	onvad t	or title) 23b. ADDRES	Pullica	the Mo	July 31-56
WRITE	240/BURTAL, OREMA	7-30-3	1 4 4	CEMETERY OR CREMAT	ORY 24d. LOCATION	City, tolers, or cody On C	(State)
=	DATE REC'D BY LOCAL			25. FUNERAL	DIRECTOR'S SIGNA	TURE AL	DRESS
17/-	7 / 31 / 5	Han	uce BNG	MILLYONME	en Funeral	Home Chi	llicothe Mo
ð			(Licensed Em	balmer's Statement on R	everse Side)		

STATEMENT BY LICENSED EMBALMER

working under my personal supervision..

Signed Signed M. Licensed Embalmer No. 4.76

Licensed Embalmer No. 4.7.6.
P. O. Address Chillianthe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.